



INSTRUCTIONS FOR FY 2014-2015 City of Cookeville Grant Application

The City of Cookeville requests that you complete the following application for non-profit budget allocation. In an effort to streamline the process and to receive information in a standard format, we have established this application to be completed by your organization/agency in order to receive City funds.

APPLICATIONS ARE DUE NO LATER THAN APRIL 11th AT 4:30 PM

Each application submittal must include the following documents:

- 1) Completed Application Form
- 2) Completed Scope of Work Report
- 3) Balance Sheet/Financial Statement for the previous 3 years
- 4) Copy of most recent Audit, Compilation or Review
- 5) Copy of IRS letter confirming tax-exempt status
- 6) List of Board of Directors
- 7) Copy of most recent annual reports filed with TN Secretary of State's office

You are welcome to include other materials (such as brochures, press releases, etc.) that support your agency's activities and the programs that support the citizens of Cookeville.

APPLICATIONS ARE TO BE SUBMITTED TO:
Melinda Keifer – mkeifer@cookeville-tn.org
931.520.5226

For further information please contact:

Mike Davidson
City Finance Director
931.520.5292

mike@cookeville-tn.org



FY 2014-2015 City of Cookeville Grant Application

NAME AND ADDRESS OF AGENCY

NAME:

PHYSICAL ADDRESS:

MAILING ADDRESS:

CITY/STATE/ZIP:

PHONE:

FAX:

EMAIL ADDRESS:

WEB ADDRESS:

FOR OFFICE USE ONLY

Application Number

Approved

Funded Level:

Contract #:

GRANT AMOUNT REQUESTED:

2014-2015 \$

AMOUNT PREVIOUSLY FUNDED:

2013-2014 \$

2012-2013 \$

Is your organization incorporated as a non-profit organization? ☐ Yes ☐ No

Incorporation Number: _____

Is your organization a registered Charitable Organization with the TN Secretary of State's office? ☐ Yes ☐ No

Charitable Organization Number: _____

If yes, please attach a copy of your application or most recent renewal application. If no, please attach a copy of your Exemption Letter.

Please state which 1 of the 6 general service types (below) best describes your activities:

(Arts, Community Development, Economic Development, Education, Public Health and Safety, Youth, Other-please specify)

1. Please provide a brief outline of your agency's mission and goals:

2. Please provide an outline of your agency's programs/activities and indicate those which you propose to support with City of Cookeville funds. Include program activities and proposed outcomes in the Scope of Work and the program/activity proposed budget in your submitted budget.

Program Name:

Status (Proposed or On-going):

Proposed Funding Request: \$

Brief Description:

Program Name:

Status (Proposed or On-going):

Proposed Funding Request: \$

Brief Description:

Program Name:

Status (Proposed or On-going):

Proposed Funding Request: \$

Brief Description:

3. Please summarize HOW your agency's programs and activities contribute to the citizens of our City.

4. Please provide the approximate number of Cookeville residents who will receive services provided by your agency.

Direct Beneficiaries – Cookeville residents who will receive a service through direct contact with your organization/agency representative (i.e. someone who attends a class/event, actually visits a park or receives direct assistance from you or your staff).

Indirect Beneficiaries – Cookeville residents who may receive indirect benefit (i.e. all residents can benefit from a strong park system/ retailers can benefit from downtown events)

Please note: If requesting funds for one or more specific program/activity you provide, please name the program next to number. If requesting funds for general agency functions, then provide agency-wide number only.

	Direct Beneficiaries	Indirect Beneficiaries
Total (including Youth)		
Youth (under 18) Only		

5. To the best of your knowledge, please identify any similar or related programs performed by other agencies within the City of Cookeville (including City or County departments) and briefly describe your agency's relationship with them, or how your agency's program differs from theirs.

6. Please describe the professional qualifications of the key staff members (paid and unpaid) who will ensure the program's success. Please include tenure of staff members.

7. Please list ANY other services currently provided to your agency by the City of Cookeville (including but not limited to rent, sponsorship, health benefits to staff, printing services, etc.)